

NATIVE AMERICAN SUICIDE AND VIOLENCE PREVENTION CONFERENCE

HOPE, HEALING AND SOLUTIONS FOR COMMUNITIES



Join representatives from the Camas Institute of the Kalispel Tribe of Indians, Eastern Washington University, the Healing Lodge of the 7 Nations, QPR, community partners and nationally recognized speakers in learning about and dealing with suicide and other types of violence.

TUESDAY & WEDNESDAY OCTOBER 24 & 25

Northern Quest Casino, N. 100 Hayford Rd., Airway Heights, WA 99001

Cost: \$189.00 per person, or group rate - 3 or more \$159.00

Fee includes continental breakfast both days as well as dinner on Tuesday evening.

FOR QUESTIONS CONTACT:
Jamie Brockie (509) 343-4204

WHO BENEFITS FROM THIS CONFERENCE:

Tribal and community leaders, social workers, counselors and therapists, educators, mental health program directors, school administrators and teachers and families touched by suicide.

TRACK ONE: Intended for tribal and community leaders, school administrators, mental health and substance abuse program directors, and other motivated decision makers wishing to make an impact on a community wide basis

TRACK TWO: Intended for counselors, social workers, teachers and other front line staff who provide direct services to community members and potentially suicidal persons.

TRACK THREE: Intended for community members interested in getting involved in suicide and violence prevention as well as individuals who have been impacted by suicide.

C.E.U Credits are available!

LODGING AVAILABLE:

*HOLIDAY INN (509) 838-1170 -OR- 1-800-719-4472

\$82.00 per night

*RAMADA INN (509) 838-5211 -OR- 1-800-2RAMADA

\$68.00 per night

**Reference the name of Camas Institute Suicide Prevention Conference. Blocks of rooms are reserved at both hotels and will expand, if need be, until filled. Please register early to ensure a room.*

4 EASY WAYS TO REGISTER

1. CALL: (509) 343-4204 (Jamie Brockie)

2. FAX: (509) 343-4128

3. E-MAIL: jbrockie@camasinstitute.com

4. MAIL FORM TO: 934 S. Garfield, Airway Heights, WA. 99001

REGISTRATION FORM

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EMAIL: _____

TRACK NAME: _____ ATTENDING DINNER: ☐ Yes ☐ No

AGENCY/ORGANIZATION: _____ COST: _____

VISA NUMBER: _____ EXPIRATION DATE: _____ SECURITY CODE: _____

(three digit number on back of card)

REGISTER BY SEPTEMBER 24TH. SPACE IS LIMITED!